

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2634 41

Appl. No.

09/576,056

Confirmation No. 3531

Applicant

David Gordon Ballinger

Filed

May 23, 2000

TC/A.U.

2634

Examiner

Pathak, Sudhanshu C.

Docket No.

30019.100USU1 (42390.P7751)

Customer No.:

008791

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

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AUG 0 2 2004

Technology Center 2600

## **AMENDMENT**

In response to the Office Action mailed June 22, 2004, please enter this amendment and consider the following remarks.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 6 of this paper.

Remarks begin on page 19 of this paper.

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				Art Unit	2634		
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Firm Paul A. Mendonsa, Reg. No. 42,879							
	BLAKELY, SOMOLOFF, TAYLOR & ZAFMAN LLP						
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July 22, 2004

Date

Deborah L. Higham

Typed or printed name

Signature

Complete if Known **EE TRANSMITTAL** Application Number 09/576,056 for FY 2004 May 23, 2000 Filing Date First Named Inventor David Gordon Ballinger Effective 10/01/2004. Patent fees are subject to annual revision. Examiner Name Sudhanshu C. Pathak Applicant claims small entity status. See 37 CFR 1.27. 2634 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 42390P7751

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)	الهداء" الم
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The Commissioner is authorized to: ( check all that apply)  1812 2,520   1812 2,520   For filing a request for ex parte reexamination	_
Charge fee(s) indicated below Credit any overpayments 1804 920 * Requesting publication of SIR prior to Examiner action	
Charge any additional fee(s) or underpayment of fees as required under 37  CFR §§ 1.16, 1.17, 1.18 and 1.20.  1805 1,840 Requesting publication of SIR after	-
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1003 530 2003 265 Plant filing fee	-11
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Total Claims 46 56* = 0 X 18.00 = \$0.00 1460 130 2460 130 Petitions to the Commissioner	-11
Independent 3 6° = 0 X 86.00 = \$0.00 1807 50 Prosessing fee under 37 CFR 1.17(q)	_
Multiple Dependent = 1806 180 1806 Submission of Information Disclosure Stmt	
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1201 86 2201 43 Independent claims in excess of 3 1810 770 2810 385 For each additional invention to be	-
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1204 86 2204 43 **Reissue independent claims over original 1801 770 2801 385 Request for Continued Examination (RCE)	]]
of a design application	Ш
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent Other fee (specify)	
SUBTOTAL (2) (\$) 0.00	_
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) **or number previously paid, if greater, For Reissues, see below	

SUBMITTED BY Complete (if applicable) Registration No. (Attorney/Agent) (503) 439-8778 42,879 Telephone Name (Print/Type) Paul A. Mendonsa 07/22/04 Date Signature

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (Mr) 02/10/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450